Competencies for the mental health and addiction service user, consumer and peer workforce

Contents

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Acknowledgments

Introduction

Consumer/service user/peer workforce development has reached the point that requires investment in a measured and sustainable way. This project funded by Te Pou, Northern Regional Alliance and Midland HealthShare Ltd to develop consumer/service user/peer workforce competencies is one step towards this. This document provides a set of competencies for this workforce that can also inform training curricula, job descriptions, performance management systems, self-assessment processes, service specifications, auditing and more. They were developed from a scan of national and international literature and consultation and advice from consumer/service user and peer support workers and leaders around New Zealand. This included a reference group of people working in consumer/service user/peer leadership roles from around the country and a number of forums in the Midland region.

The consumer/service user/peer workforce includes all roles that require personal lived experience of mental health and/or addiction problems. For the purposes of these competencies the term **peer workforce** has been chosen as a generic term to describe this workforce. When referring to specific disciplines such as peer support and consumer advisor roles these are identified as such.

Peer values

All peer workforce roles are defined and underpinned by values intrinsic to the consumer rights, self-help and recovery movements spanning mental health and/or addiction. Six core values necessary for the peer workforce are presented below with the values of mutuality and experiential knowledge being particularly important.

- **Mutuality** - the authentic two-way relationships between people through 'the kinship of common experience'.

- **Experiential knowledge** - the learning, knowledge and wisdom that comes from personal lived experience of mental distress or addiction and recovery.

- **Self-determination** - the right for people to make free choices about their life and to be free from coercion on the basis of their mental distress or addiction.

- **Participation** - the right for people to participate and lead in mental health and/or addiction services including in the development or running of services as well as in their own treatment and recovery.

- **Equity** - the right of people who experience mental distress and/or addiction to have fair and equal opportunities to other citizens and to be free of discrimination.

- **Recovery and hope** - the belief that there is always hope and that resiliency and meaningful recovery is possible for everyone.

These values provide a strong foundation on which the competencies sit. It is important to note that while peers may take part in projects to improve or eliminate compulsory interventions such as putting people into seclusion, restraints or monitoring for compliance with medication, taking part in the actual tasks does not fit with the values of the peer workforce.

Definitions

Some key terms used in this document are defined below. Other terms are defined in the glossary at the end of this document.

Mental distress is used as a non-medical alternative to the term *mental illness.*

Recovery is defined as creating a meaningful self-directed life regardless of challenges faced, that includes building resilience, having aspirations and the achievement of these.

A peer is a person who has had similar experience to another person or people, such as lived experience of mental distress or addiction that has had a significant impact on a person's life.

- *Peer support workers* work alongside individuals and groups who experience addiction or mental distress to nurture hope and personal power and to inspire them to move forward with their lives. Peer support worker is used in this paper as an umbrella term for several other roles and job titles with similar functions, such as peer navigator, peer recovery coach, peer recovery guide, peer mentor, voice worker or peer support specialist.

- *Consumer advisors* work within mental health and/or addiction organisations to provide operational and strategic advice based on peer values and recovery principles, and they ensure the voices and experiences of people who use those services influence the direction of the service. Consumer advisor is used in this paper as an umbrella term for other roles and job titles with similar functions, such as consumer consultant, consumer leader and client engagement facilitator.

- *Other peer workforce roles* include peer educators, peer advocates, peer researchers, peer supervisors, peer consultants and consumer auditors.

These competencies describe the knowledge, skills and attitudes required that demonstrate possession and use of the knowledge, values, skills and characteristics that distinguish levels of performance in the work environment. Competencies are required at some level by everyone in the workforce but the depth and level required to work effectively is dependent on their role and the time they have been in the role. They encompass the varied range of work the peer workforce does, sometimes even within one role such as a peer support worker. They can also be used to inform a range of processes including the development of job descriptions, performance management systems and training curricula.

Each competency is organised into levels as described in *'Let's get real: Real skills for people working in mental health and/or addiction'* with the addition of a level for managers:

- Essential – people when they start work or after an agreed induction period need to demonstrate this level of competency.

- Peer practitioner – people who have worked at least two years in their role need to demonstrate this level of competency.

- Peer manager – team leaders and other line managers need to demonstrate this level of competency.

- Peer leader – organisational leaders need to demonstrate this level of competency.

It is expected as for all people who work in mental health or addiction services that the peer workforce will be able to demonstrate the performance indicators for *'Let's get real: Real skills for people working in mental health and addiction'* and Real Skills plus Sei Tapu to the appropriate level for their role and experience. Those skills, values and attitudes also underpin these competencies. People using this document can interpret the competencies for the particular peer workforce role they are responsible for. Some of the competencies may be more crucial to a particular job role than others.

Note - Specific cultural competencies for working with Maori have not been developed yet as part of the peer competencies. Let's get real: Real skills for people working in mental health and addiction, skill two is Working with Maori. This was developed by Maori with appropriate stakeholder involvement and processes and should be applied as a baseline expectation of all people working in mental health and addiction services.

The peer competencies at a glance

CORE PEER COMPETENCIES

All workforce roles

1. Lived experience and peer values

2. Recovery, resilience and self-care

3. Professional development and boundaries

4. Communication

5. Family, whanau, culture and community diversity

6. Working within systems

7. Human rights approach and social justice.

SPECIFIC COMPETENCIES

Peer support workers

1. Mutual relationships

2. Purposeful approach

3. Peer support practices

Consumer advisors

1. Strategic viewpoint

2. Participation and leadership

3. Service improvement

The core competencies

The terms included that are in bold are described in the glossary at the end of the competencies.

1. Lived experience and peer values

All peer workers use their lived experience of mental distress and/or addiction to inform their work, support recovery and create resilience.

Essential	Peer practitioner	Peer manager	Peer leader
Can describe the relevance of their **lived experience** in relation to their work.	Understands and can describe how a variety of diverse **lived experiences** impact on people who use the service and the organisation.	Supports staff to work with diverse experiences of mental distress and addiction.	Uses the literature on **lived experience** to inform their work and influence colleagues.
Can disclose **lived experience** with confidence in the work context.	**Discloses lived experience** for the benefit of people who use the service and colleagues.	Supports peer staff to disclose **lived experience** for the benefit of others.	Works to influence the organisation and stakeholders to give priority to **lived experience** perspectives.
Can describe how sharing **lived experience** can have an impact on self and others.	Anticipates and manages the impact of sharing **lived experience** on self and others.	Supports peer staff to anticipate and manage the impact of **sharing lived experience** on self and others.	Enables staff to use their **lived experience** knowledge and stories in their work.
Can articulate **peer values** arising out of **lived experience.**	Assesses and responds to attitudes and behaviours in the workplace using **peer values.**	Supports peer staff to understand and apply **peer values.**	Uses current sector intelligence regarding trends concerning **peer work and values** to inform organisational development.
Can describe how to manage tensions between **peer values** and organisational requirements.	Works effectively within the constraints of the organisation while practicing **peer values.**	Supports peer staff to work effectively within the constraints of the organisation while practicing **peer values.**	Identifies and facilitates the management of tensions between **peer values** and organisational requirements.

2. Recovery, resilience and self-care

All peer workers understand recovery and resilience practices, actively practice self-care strategies and use them in their work.

Essential	Peer practitioner	Peer manager	Peer leader
Actively engages in personal recovery and demonstrates respect for the recovery journeys of others.	Role models recovery, resilience and hope to people who use the service and colleagues.	Supports peer staff to be role models for recovery, resilience and hope.	Supports the organisation to model recovery and resilience principles and practices in its relationships and communications.
Can demonstrate knowledge of **recovery and resilience principles.**	Uses **recovery and resilience practices** with people who use the service and colleagues.	Supports peer staff to incorporate **recovery and resilience principles and practices.**	Uses current developments and debates concerning recovery and resilience to inform organisational development.
Can recognise and describe areas of personal strengths and challenges in relation to work and takes responsibility for them.	Uses **reflective practice** to make best use of strengths and address challenges in relation to work.	Supports peer staff to use reflective practice to manage their strengths and challenges.	Supports the development of reflective practice in the organisation.
Recognises and can describe the impact of challenges on work and wellbeing.	Seeks support and/or **supervision** when challenges have the potential to impact on work and wellbeing.	Supports peer staff to access support and/or **supervision** to meet the challenges of their work.	Supports the development of support and **supervision** for peer workers within the organisation.
Can describe the relationship between the **social determinants** and **social consequences** of mental distress and addiction.	Responds to **social determinants** and **social consequences** of mental distress and addiction using **recovery principles and practices.**	Supports peer staff to respond to **social determinants** and **social consequences** using **recovery principles and practices.**	Supports organisation to respond to **social determinants** and **social consequences** using **recovery principles and practices.**
Can describe why recovery centred services need to actively respond to the impact of trauma on people.	Routinely demonstrates the principles of **trauma informed care** within the scope of work role.	Supports peer staff to work in a trauma informed way.	Facilitates the development of a trauma informed organisation and service.

3. Professional development and boundaries

All peer workers work professionally and ethically, understand the use of boundaries in their roles, take up and promote opportunities for professional development.

Essential	Peer practitioner	Peer manager	Peer leader
Can describe how **peer boundaries** work when using **mutuality** and **lived experience** knowledge in their work, understanding these are different boundaries from the clinical workforce.	Uses **mutuality** and **lived experience** knowledge appropriately in work relationships.	Supports peer staff to use **mutuality** and **lived experience** knowledge appropriately, understanding these require different boundaries from the clinical workforce.	Ensures organisational culture and policies enable peer staff to use **mutuality** and **lived experience** knowledge in their work.
Knows and can articulate the need to work within role boundaries and what the boundaries for their role are.	Negotiates boundaries and prevents boundary breaches in work relationships.	Supports staff to understand and negotiate boundaries and prevent boundary breaches.	Ensures the organisational culture and policies accommodate effective and safe peer boundaries.
Can describe how to negotiate work conditions that accommodate personal strengths and challenges.	Negotiates work conditions that accommodate personal strengths and challenges.	Supports peer staff to negotiate their work conditions.	Ensures the organisational culture and policies enable peer staff to negotiate work conditions that are fair and equitable.
Is organised, reliable and manages time.	Manages multiple work responsibilities.	Supports peer staff to manage their time and work responsibilities.	Ensures that organisational supports and resources enable peer staff to manage their time and work responsibilities.
Looks for opportunities to participate in professional development.	Requests and participates in professional development opportunities.	Supports peer staff to develop professional development plans.	Ensures the organisation invests equitably in professional development for peer staff.
Keeps up to date with mental health and/or addiction developments and innovations.	Seeks out and incorporates relevant developments and innovations into work.	Supports peer staff to seek out relevant developments and innovations and incorporate them into their work.	Recommends and incorporates relevant developments and innovations for further organisational development.

4. Communication

All peer workers develop communication skills that build rapport and trust, enable effective engagement, networking, teamwork and conflict management.

Essential	Peer practitioner	Peer manager	Peer leader
Works using clear verbal and written communication.	Communicates clearly verbally and in writing with people who use the service and with colleagues.	Supports staff to gain skills in effective communication.	Communicates clearly using multiple communication methods in a variety of settings and with a range of audiences.
Works to gain good listening skills and listens carefully to people.	Practices **active listening** in all work relationships.	Supports peer staff to develop **active listening** skills.	Ensures the organisation makes use of opportunities to develop **active listening** skills.
Can articulate the importance of building rapport and trust.	Builds rapport and trust in work relationships.	Supports peer staff to build skills in developing rapport and trust in work relationships.	Builds rapport and trust within the organisation and with stakeholders.
Is able to be respectfully assertive and fair in conflict situations.	Uses assertiveness and conflict resolution strategies in work relationships.	Supports peer staff to develop, use and maintain assertiveness and conflict resolution strategies.	Ensures the organisational culture and policies encourage the development of assertiveness and conflict resolution processes and strategies.
Can articulate the importance of working collaboratively with others and works towards achieving this.	Demonstrates collaboration and networking in the work context.	Supports peer staff to network and collaborate effectively in the work context.	Networks and collaborates within the organisation and with multiple external stakeholders.

5. Family, whanau, culture and community diversity

All peer workers understand the role of family, whanau, culture and community in people's lives and works actively to include them.

Essential	Peer practitioner	Peer manager	Peer leader
Can articulate the diversity of family and whanau and the varying roles and relationships they have with service users.	Recognises people who use the service are part of a family or whanau. Works to ensure people's families and whanau can participate in recovery processes.	Supports peer staff to relate to people who use the service as part of a family or whanau.	Ensures organisational culture and processes support family and whanau recognition and inclusion.
Can articulate the impact of mental distress, addiction and recovery on families, whanau and communities.	Includes family, whanau and communities where appropriate.	Supports peer staff to be responsive to families, whanau and communities.	Ensures the organisational culture and policies acknowledge family, whanau and community requirements and respond appropriately to those needs.
Can describe own cultural bias and diversity and demonstrates respect for people who are different to themselves.	Works effectively with people of different ages, gender, spiritual beliefs and practices, cultures and backgrounds.	Supports peer staff to engage and work effectively with people of different ages, gender, spiritual beliefs and practices, cultures and backgrounds.	Ensures an organisational culture and policies that deliver comparable outcomes for people of different ages, gender, spiritual beliefs and practices, cultures and backgrounds.
Can identify local services and resources relevant for individual service users or particular communities.	Connects people and families and/or whanau to relevant community resources.	Supports peer staff to connect people and whanau from diverse cultures and communities to relevant services and community resources.	Ensures the organisational culture and policies support staff to connect people and whanau of diverse cultures and communities to relevant local services and community resources.
Can describe cultural and age related best practice regarding privacy.	Maintains the privacy of people using the service within the context of age related and cultural criteria.	Supports peer staff to maintain privacy for people using the service within the context of age related and cultural criteria.	Ensures an organisational culture and policies that maintain privacy within the context of age related and cultural criteria.

6. Working within systems

All peer workers understand the legislation, policies, standards and systems they work within and work to align them with peer values.

Essential	Peer practitioner	Peer manager	Peer leader
Can describe common treatments, approaches, supports and services in mental health and/or addiction.	Assesses treatments, approaches, supports and services using peer values.	Supports peer staff to assess treatments, approaches, support and services using peer values.	Facilitates the use of treatments, approaches and support consistent with peer values within the organisation.
Can describe legislation, policies and standards relevant to their work.	Complies with legislation, national policies and standards and can interpret them using peer values.	Supports staff to comply with legislation, national policies and standards in ways that are consistent with peer values.	Facilitates the organisation to advocate for changes to legislation, policies, standards and funding practices when they are inconsistent with peer values.
Can describe the different roles and responsibilities of colleagues in the service.	Works constructively with colleagues whose roles and responsibilities are different to their own.	Supports staff to work constructively with colleagues whose roles and responsibilities are different to their own.	Supports the organisation to be equitable in how it develops the peer workforce when compared to other professional roles.
Can describe relevant organisational policies and procedures and use them with peer values to guide ethical decision making.	Uses **The Code of Health and Disability Services Consumer's Rights** and ethical frameworks to guide decision making.	Supports staff to use **The Code of Health and Disability Services Consumer's Rights** and ethical frameworks to guide their decision making practices.	Ensures the organisation complies with the **Health and Disability Sector Standards** and uses national policies and contemporary ethical frameworks to guide service development and delivery.
Can identify opportunities to participate in service development and quality improvement initiatives.	Takes up peer participation and leadership development opportunities and encourages others to do so.	Supports and encourages peer staff and service users to take up opportunities for participation in and leadership of service development and quality improvement initiatives.	Ensures the organisation develops and supports service user participation and leadership including active involvement in local and national projects, networks and committees.

7. Human rights approach and social justice

All peer workers understand a human rights approach, the human rights frameworks relevant to their role and use them in their practice.

Essential	Peer practitioner	Peer manager	Peer leader
Can describe the rationale for a human rights approach.	Uses human rights approach with people who use the service.	Supports peer staff to utilise human rights approach with people who use the service.	Familiar with **national and international human rights frameworks**, conventions and developments and communicates these to the workforce.
Can describe the organisational complaints processes.	Supports people who use the service to understand and use organisational complaints processes effectively.	Ensures peer staff use organisational complaints processes effectively that ensure service user satisfaction in the process.	Ensures the organisation has and uses a timely, effective and responsive complaints process.
Can identify when people are subjected to stigma, discrimination or human rights breaches.	Works to reduce the impact of stigma, discrimination and human rights breaches on people who use the service.	Supports peer staff to reduce the impact of stigma, discrimination and human rights breaches.	Supports the organisation to address and reduce the impact of stigma, discrimination and human rights breaches.
Can describe the need for equitable access to advocacy and human rights protection for people who experience addiction and/or mental distress.	Offers and promotes peer advocacy appropriate to the role they work within and local availability.	Supports staff to offer and promote peer advocacy appropriate to role and local availability.	Promotes equitable access to peer advocacy for the organisation and stakeholders.

Peer support work

1. Peer support - mutual relationships

All peer support workers understand the concepts of mutuality and authenticity, and the importance of using these in peer support work.

Essential	Peer practitioner	Peer manager	Peer leader
Can describe the importance of **mutuality** and authenticity in peer relationships.	Works using mutuality and authenticity with the people who use the service and colleagues.	Models and demonstrates mutuality and authenticity in relationships with staff and supports the practice of it.	Models and promotes mutuality and authenticity in the organisation and with stakeholders.
Can describe the concept of equality and its importance in peer support relationships.	Works with people who use the service as equals while acknowledging relative power and status as their worker.	Treats staff as equals while acknowledging relative power and status as their manager.	Models and promotes equality in the organisation.
Can describe how to create safe conditions so people are able to share their lived experiences.	Provides a safe environment for people who use the service to be able share their lived experiences.	Supports staff to provide safe environments for people who use the service to share their lived experiences.	Ensures the organisation has policies and processes in place that support a safe environment to share lived experiences.
Can describe what **positive risk taking** for recovery means.	Uses **positive risk taking** strategies with the people who use the service.	Supports staff to use **positive risk taking** strategies with the people they work with.	Supports the organisation to develop a culture of **positive risk taking** and has policies to support that.
Can describe the importance of privacy in keeping trust.	Can interpret The Health Information Privacy Code relevant to work and peer principles.	Supports staff to maintain privacy under The Health Information Privacy Code and organisational privacy policies using peer principles.	Ensures organisational policy development and compliance in using The Health Information Privacy Code, and stays current with developments and debates aligning these with peer principles.

2. Peer support - purposeful approach

All peer support workers understand people need to have hope, meaning and aspirations in their lives and supports them to achieve them.

Essential	Peer practitioner	Peer manager	Peer leader
Can describe taking a purposeful approach to the importance of hope, meaning and aspirations in life.	Works with the people who use the service towards developing and maintaining hope, meaning and their own life goals in a format that suits them.	Ensures peer staff work purposefully with people in having hope, meaning and to develop their life goals in a format that suits them.	Ensures the organisation provides flexible formats and approaches to developing life goals for people using the service.
Can describe local services and resources that will assist people to reach their aspirations.	Works with people who use the service to find and use local services and resources that will assist them to reach their aspirations.	Supports peer staff to find and use services and resources that will assist people to reach their aspirations.	Supports the organisation to collect and provide accessible information on relevant local services and resources for people and their families and whanau.
Can describe the importance for people of reviewing progress and changing goals and aspirations if desired.	Works with people using the service to review their progress or make changes to their goals and aspirations.	Ensure peer staff regularly review progress or make changes to goals and aspirations with people using the service.	Ensures the organisation provides flexible formats and approaches for reviewing life goals.
Can describe the importance of affirming success and learning from setbacks for recovery.	Works to affirm successes and share learning from setbacks in a style that suits the people who use the service.	Ensures peer staff work with people to affirm successes and share learning from setbacks in a style that suits the people using the service.	Supports the organisation to use meaningful outcome measures to measure success and that the information is used to improve the service and service delivery.

3. Peer support - peer support practices

All peer support workers understand what peer support is and uses appropriate models, tools and practices in their work.

Essential	Peer practitioner	Peer manager	Peer leader
Can describe the rationale for peer support in addiction and/or mental health.	Can describe the origins of peer support in addiction and/or mental health.	Ensures staff understand the rationale and origins of peer support.	Stays current with developments and debates in peer support and communicates this to the organisation and stakeholders.
Can describe the growing role of peer support as an occupational group in addiction and mental health services.	Can describe national policy and workforce development initiatives in peer support.	Informs peer staff of national policy and workforce development initiatives in peer support.	Informs organisation of national and international policy and workforce development initiatives in peer support.
Can describe types of peer support, **peer support programmes** and **peer support settings.**	In practice uses some of the different types of peer support, **peer support programmes** and **peer support settings.**	Informs peer staff of the different types of peer support, **peer support programmes** and **peer support settings** and supports staff to use them.	Informs the organisation and stakeholders of the different types of peer support, **peer support programmes** and **peer support settings** including new developments.
Knows about **peer-led tools** used by peer support workers.	Uses **peer-led tools** with the people who use the service.	Supports peer staff to use **peer-led tools** in their work.	Familiar with a wide range of **peer-led tools** and ensures the organisation has access to and uses them.
Works towards learning about models and practices that are consistent with **peer values** and **recovery and resilience principles.**	Uses models and practices that are consistent with **peer values** and **recovery and resilience principles.**	Supports staff to use models and practices that are consistent with **peer values** and **recovery and resilience principles.**	Supports the organisation to use non peer developed models and practices that are consistent with **peer values** and **recovery and resilience principles** such as **trauma informed care** and Mindfulness.

Essential	Peer practitioner	Peer manager	Peer leader
Can describe how peer support is effective.	Can describe the evidence concerning the effectiveness of peer support work.	Informs peer staff of the evidence and research concerning peer support.	Promotes research and evaluation initiatives in peer support with the organisation and stakeholders.
Can describe the importance of self-advocacy for the people who use the service.	Encourages people who use the service to engage in self-advocacy when resolving their complaints.	Supports staff to encourage self-advocacy with the people using the service.	Ensures the organisation uses, promotes and responds to self-advocacy approaches.

Consumer advisors

1. Consumer advisors - strategic viewpoint

All consumer advisors work in strategic levels to effect positive change in service delivery and organisational culture.

Essential	Peer practitioner	Peer manager	Peer leader
Can describe the difference between individual advocacy and **systemic advocacy.**	Can describe the role of **systemic advocacy** in their work.	Ensures staff can distinguish between individual advocacy and **systemic advocacy.**	Ensures both individual advocacy and **systemic advocacy** are understood and used in the organisation and with stakeholders.
Understands the benefits of **systemic advocacy.**	Uses relevant information in appropriate ways to resolve issues requiring systemic change.	Supports peer staff to use relevant information to resolve issues that require systemic change.	Uses relevant information provided by staff and service users to track trends and monitor the need for **systemic advocacy.**
Can describe how power structures in services and society can discriminate against people who experience addiction and/or mental distress.	Works to change power structures in services and society that discriminate against people who experience addiction and/or mental distress.	Supports staff to influence change in service and societal power structures that discriminate against people who experience addiction and/or mental distress.	Works to Influence through legislation, policy, funding, planning and in organisational culture and policies to eliminate inequality, stigma and discrimination.
Can describe the impact of family and community stigma and prejudice against people who experience mental distress and/or addiction.	Works to reduce family and community stigma and prejudice against people who experience mental distress and/or addiction.	Supports staff to work to reduce family and community stigma and prejudice against people who experience mental distress and/or addiction.	Works to ensure the organisation works towards reducing family and community stigma and prejudice against people who experience mental distress and/or addiction.

Essential	Peer practitioner	Peer manager	Peer leader
Can describe own **sphere of influence** and some of the levers to influence change.	Works within **sphere of influence** and uses effective levers to achieve change.	Supports staff to work within their **sphere of influence** and use effective levers to achieve change.	Influences the organisation to expand consumer advisors **sphere of influence** and levers to influence change.
Can listen respectfully to diverse or conflicting points of view.	Can assess and respond to diverse points of view and use peer values to find solutions.	Supports staff to work constructively with different points of view.	Promotes points of view informed by peer values with the organisation and stakeholders.

2. Consumer advisors - participation and leadership

All consumer advisors understand and use processes that ensure peer participation and leadership occurs effectively at all levels of the organisation.

Essential	Peer practitioner	Peer manager	Peer leader
Can describe the importance of networking and consulting with individuals and organisations of people with lived experience of mental distress and/or addiction.	Networks and consults with people and organisations of people with lived experience of mental distress and/or addiction.	Supports peer staff to network and consult with individuals and organisations of people with lived experience of mental distress and /or addiction.	Networks and consults with individuals and organisations of people with lived experience of mental distress and/or addiction at local, regional and national levels.
Understands the variety of **methods for collecting, analysing and responding to feedback** from people who use the service.	Uses effective **methods for collecting, analysing and responding to feedback** from people who use the service.	Ensure staff and the organisation use effective **methods for collecting, analysing and responding to feedback.**	Supports the organisation to have effective methods and processes that collect feedback from people who use the service and peers to continually improve the service.
Knows communications must be in **accessible language** and formats for service users e.g. different languages, Braille and sign language.	Can deliver communications in **accessible language** and formats.	Supports staff to deliver communications in **accessible language** and formats.	Ensures the organisation delivers communications in **accessible language** and formats.

Essential	Peer practitioner	Peer manager	Peer leader
Can describe the importance of people with mental distress and addiction experience holding positions of influence and power within services.	Advocates for people with mental distress and addiction experience to hold positions of influence and power within the service.	Supports peer staff to hold positions of influence and power within the service.	Advocates for people with addiction and mental distress experience to hold positions of influence and power within the wider system.
Is familiar with and can describe resources and opportunities for people with experience of mental distress and addiction to take on self-advocacy and **systemic advocacy** roles.	Uses resources and opportunities for people with experience of mental distress and addiction to take on self-advocacy and **systemic advocacy** roles.	Supports staff to use resources and opportunities for people with experience of mental distress and addiction to take on self-advocacy and **systemic advocacy** roles.	Supports the organisation to identify and develop resources and opportunities for people with experience of mental distress and addiction to take on self-advocacy and **systemic advocacy** roles.
Can describe the relevance to people with mental distress and/or addiction of the **national human rights framework.**	Uses **national and international human rights frameworks** and **national complaints processes** in work.	Supports peer staff to use **national and international human rights frameworks** and **national complaints processes** in work.	Uses the **national and international rights frameworks** and **national complaints processes** to influence the organisation and stakeholders.

3. Consumer advisors - service improvement

Consumer advisors engage in service improvement and quality improvement processes, education of staff and service users, and promote the use of recovery based measures that are meaningful for people who use those services.

Essential	Peer practitioner	Peer manager	Peer leader
Can describe organisational change principles.	Draws on organisational change principles in service development and quality improvement work.	Supports staff to know, understand and draw on organisational change principles in service development and quality improvement work.	Supports organisational change principles to be used in service and organisation development.

Essential	Peer practitioner	Peer manager	Peer leader
Can describe service development initiatives and quality improvement processes within the service.	Actively engages in service development and quality improvement processes within the service.	Supports staff to actively engage and participate in service development and quality improvement processes within the service.	Is familiar with service development and quality improvement models and promotes the use of approaches that are consistent with peer values.
Can describe **recovery based measures** for use in service development and quality improvement.	Uses **recovery based measures** in service development and quality improvement.	Supports staff to use **recovery based measures** in service development and quality improvement.	Supports the organisation to use **recovery based measures** in service development and quality improvement.
Can describe the role of people with experience of mental distress and/or addiction in the education of the workforce.	Delivers education to colleagues and people who use the service that is informed by peer values.	Supports peer staff to deliver education to colleagues and/or people who use the service.	Supports the organisation to use service users and peers to deliver education and training.
Can describe the role people with experience of mental distress and/or addiction have in the recruitment, mentoring and performance appraisal processes for staff.	Participates in recruitment, mentoring and performance appraisal of peers and colleagues.	Supports peer staff to participate in recruitment, mentoring and performance appraisal of colleagues.	Ensures the organisation includes peer staff in recruitment, mentoring and performance appraisal processes.

Glossary of terms

Accessible language for people with different levels of literacy, people with English as a second language, te reo speakers, Deaf people and people with disabilities.

Active listening is a technique where the listener uses listening and reflecting skills to re-state or paraphrase in their own words what they have heard the speaker say to confirm they have understood.

Health and Disability Code of Consumer's Service Rights, www.hdc.org.nz

Ethical frameworks include but are not limited to David Seedhouse's Ethical Grid, Whanaungatanga principles of Tika, Pono and Aroha, Tom Beauchamp and James Childress The Four Principles of Biomedical Ethics.

International human rights framework is a series of human rights treaties developed by the United Nations starting with the Universal Declaration of Human Rights in 1948. Human rights include civil and political rights as well as economic, social, and cultural rights. The key treaty affecting people with mental distress and addiction is the UN Convention on the Rights of Persons with Disabilities, 2006 which has been ratified by New Zealand. The Convention protects the civil, political, social, cultural and economic rights of people with disabilities. Its guiding principles include autonomy, non-discrimination, full participation in society and equality of opportunity.

Lived experience refers to challenging life experiences that a person has learnt and grown from. In mental health and/or addiction these experiences may include but are not limited to disintegration of self, self-harm, wishing to die, hearing voices, seeing visions, paranoia, unusual beliefs, anxiety, cravings, total despair, substance withdrawal, intoxication, domestic violence and physical pain. People may use or share their lived experience for the benefit of others through individual or systemic work.

Methods for collecting, analysing and responding to feedback need to include the perspective of lived experience in interpreting the feedback and may include focus groups, surveys, individual interviews, meetings and emails and social media requests ensuring people know how their feedback influenced decision making and service delivery.

Mutuality is authentic two-way helping relationships between peers through 'the kinship of common experience'. It is not always possible to achieve total mutuality if one person is paid to be there, which makes the explicit negotiation of power very important in peer relationships.

National complaints processes include the following.

- The Health and Disability Commissioner for people who believe their rights have been breached in health and disability services.
- The Human Rights Commission for people who believe they have been discriminated against under the Human Rights Act.
- The Ombudsman investigates complaints against government agencies under the Bill of Rights.

National human rights framework in New Zealand is derived from its international obligations as a signatory to international rights treaties. Two pieces of legislation underpin human rights in New Zealand.

- The Human rights Act 1993 protects people from discrimination in a number of areas of life and is the primary focus of the Human Rights Commission.

- The Bill of Rights Act 1990 limits the powers of government to interfere with the rights of citizens.

Outcome measures include Taku Reo Mauri Ora, Recovery Star, WHO Quality of Life Scale.

Peer boundaries Traditional professional boundaries in mental health in particular emphasise non-disclosure of personal information and emotions as well as a one way helping relationship. Peer values include mutuality and the use of lived experience knowledge so the boundaries in peer relationships are broader and more flexible than in traditional professional boundaries. This requires the peer workforce to be competent at explicitly negotiating boundaries on a person by person basis with consideration to values, the rights and wellbeing of the other person, and their own wellbeing.

Peer support programmes include programmes, movements and frameworks such as Alcoholics Anonymous, SMART Recovery, Wellness Recovery Action Plan, Intentional Peer Support, Hearing Voices Networks, Grow, Recovery Innovations and PeerZone.

Peer support settings include on-line, hospital, respite services, residential rehab, the community, peer run organisations and mainstream organisations.

Peer-led tools include tools and methods for responding to experiences of distress and addiction including things like; hearing voices groups and resources, WRAP plans, First Aid for Psychosis, Bullimore's approach to working with paranoia, Knight's alternative ways of working with delusions, obsessions and unusual beliefs, The Icarus Project's harm reduction guide to coming off psychiatric medication, Recovery Capital for addiction.

Positive risk taking is a model of practice in health and social services that promotes the taking of risks as a planned strategy to improve life outcomes. It enables people to consider risk within the context of strengths and opportunities. Practitioners and service users work in partnership within a structured process to develop a shared understanding of risk and to assess and manage it. This model is based on the assumption that there is no personal growth or recovery without taking risks.

Peer values

All peer workforce roles are defined and underpinned by values intrinsic to the consumer rights, self-help and recovery movements spanning mental health and/or addiction. Six core values necessary for the Peer Workforce are presented below with the values of mutuality and experiential knowledge being particularly important.

1. **Mutuality** - the authentic two-way relationships between people through 'the kinship of common experience'.

2. **Experiential knowledge** - the learning, knowledge and wisdom that comes from personal lived experience of mental distress or addiction and recovery.

3. **Self-determination** - the right for people to make free choices about their life and to be free from coercion on the basis of their mental distress or addiction.

4. **Participation** - the right for people to participate and lead in mental health and/or addiction services including in the development or running of services as well as in their own treatment and recovery.

5. **Equity** - the right of people who experience mental distress and/or addiction to have fair and equal opportunities to other citizens and to be free of discrimination.

6. **Recovery and hope** - the belief that there is always hope and that resiliency and meaningful recovery is possible for everyone.

Recovery and resilience practices include practices and tools that have been designed using recovery and resilience principles.

Recovery and resilience principles are derived from the recovery movements in addiction and mental health. They promote personal recovery which is the process of self-directed restoration of personal meaning and valued roles as distinct from clinical recovery which is the outcome of expert directed interventions to reduce symptoms.

In young people's services the term resilience is often used and it is consistent with recovery principles. From a service perspective recovery or resilience principles can be viewed through various lenses:

*   *The individual* is supported by the services to achieve the life they want.

*   *The whole workforce* supports people to recover their aspirations, work with their strengths, and assist them to re-establish and claim personal autonomy and full citizenship.

*   *The service culture* places a high priority on hope, connection, and self-determination.

*   *Service responses* deliver or provide access to a broad range of responses, opportunities and resources, which are as available to all people who use the service.

*   *Personal outcomes* are measured from the perspective of the person and their whanau in terms of the universal life domains such as employment, financial independence, physical health, relationships and quality of life rather than a focus on the reduction of symptoms.

Recovery based measures include Taku Reo Mauri Ora, Recovery Star, WHO Quality of Life Scale, Recovery Oriented System Indicators, Recovery Orientated Services Evaluation, Recovery Self Assessment, Scottish Recovery Indicators.

Reflective practice is a tool used in practice-based professional learning where people reflect on their values, knowledge and behaviour in the work context to increase their understanding and improve their work performance.

Social consequences of mental distress and addiction include poor physical health, high mortality rates, high unemployment, poverty and social isolation.

Social determinants of mental distress and addiction include neglect, trauma, abuse, social deprivation and the impact of colonisation.

Sphere of influence. Recognising which of the three broad areas of power people occupy in any given situation.

- *The sphere of power* represents the areas of life where people have the direct ability to make changes. Examples include their own attitudes, values, beliefs, and behaviours or the position power they have to make decision and use resources.
- *The sphere of influence* represents the areas of people's life where people may not be able to bring about change themselves, but can influence other people to make changes. Examples include being a member of a team or a group or voting in elections.
- *The sphere of concern* represents the areas of people's lives that concern them, but they have no power or influence to change anything.

Supervision is an exchange between practising professionals to enable the development of professional skills and competence. There are many different types of supervision.

- **Internal** – supervision delivered by a member of the organisation.
- **Line supervision** – supervision delivered by your direct manager
- **External** – supervision delivered by someone who is external to the organisation and who has no line management responsibilities.
- **Peer** – supervision by the peer workforce for other peer workers or non-peer workers focusing on peer issues in the workplace.
- **Cultural** – supervision by a person from a cultural group for workers from their cultural group focusing on cultural issues in the workplace.
- **Group supervision** – facilitated supervision in a group setting.

Systemic advocacy – action taken to influence or produce systemic change to ensure fair treatment and social justice for people who experience mental distress or addiction. Changes may be pursued in legislation, government policy, policy and practices of agencies providing services to people. Strategies for this may include collective advocacy, advocacy development, community development, community education, campaigns, resource development and lobbying.

Trauma informed care is an approach to delivering services that includes:

- an appreciation for the high prevalence of trauma in persons who use services
- an understanding of the profound neurological, biological, psychological and social effects of trauma on the individual
- a commitment to ensuring staff treat people humanely and do not traumatise and re-traumatise them
- routine screening for trauma
- providing access to trauma specific care for people with trauma histories with such as psychotherapy, desensitisation techniques, emotional modulation techniques, art therapy and so on.

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